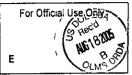
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E CLMS B SE	
1 File Number U - 9779	2 Fiscal Year Covered From
	//////////////////////////////////////
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name GREGORY QUAGINTO	Name UNITED FOOD + COMMERCIAL WORKERS LOCAL
-	Labor Organization File Number 016-920
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 64 Springfield MEETING HOUSE Rd.	Street 400 Commerce LANE + R+ 73
City Jobstown	City WEST BERLIN
State N.J ZIP Code + 4 08041	State N.J ZIP Code + 4 08041-9258
5 Position in labor organization USSISTANT TO THE PRESIDENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, of Income
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	
Street	7 b Amount
City Li , A A D Tack Will a	1 7 Jan 111 - Centiling 6
State ZIP Çode + 4	- Chathan
Signature	
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law; that all of the information—submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Speggy July	On 8/10/05 605 706 4517 Telephone Number
/ * //	Date 1 Sieptione (1 dines.

Name of Person Filing GREGORY QUAGLIATO	- File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any) Name Spear, Wilderman Trade Name, if any PO Box, Bidg, Room No, if any Street 230 South Broad - Suite 1400 City Philadelphia State PA ZiP Code + 4 19102	9 Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bidg, Room Np, if any Street City State ZIP Code + 4	PROUNDES Legal Counseling 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Lunches	
	12 b Amount 23 85	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name FAR u bus Special ties, FNC. Trade Name, if any PO Box, Bidg, Room No, if any Street 600 S Livingston Ave Suite 208 City Livingston State NJ ZIP Code + 4 67039	or other thing of value 14 a Nature of payment Christmas gift .'	
13 b is the Business an Employer or Consultant 2	14 b Amount of payment 9.80	